FORM D

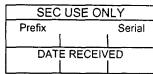
UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated avera	ge burden					
hours per respoi	nse 16.00					



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UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Vazu, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 261 Hamilton Avenue, Suite 411, Palo Alto, CA 94301 (650) 331-1167
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) SAME Telephone Number (Including Area Code) SAME
Brief Description of Business
Service provider of sending contacts and text directly from Internet Explorer to your mobile. Type of Business Organization
□ corporation □ limited partnership, already formed □ other (please specify): NOV 2.2
business trust limited partnership, to be formed Month Year
Actual or Estimated Date of Incorporation or Organization: Month Year Work Year Year
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with t U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at t address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-ing, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopt ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be have been made. If a state requires the payment of a fee as a precondition to the claim for the exemp-tion, a fee in the proper amount shall accompany to form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice a must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the
appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid *OMB* control number.

1 of 10

SEC 1972 (6-02)

		A. BASIC IDENTI	FICATION DATA		
2. Enter the information rec • Each promoter of the i	-	ollowing:			
	r having the pow	_		osition of, 10%	or more of a class of equity
• Each executive officer	r and director of	-	corporate general and ma	naging partners	of partnership issuers; and
 Each general and mana Check Box(es) that Apply: 	aging partner of p	artnership issuers. Beneficial Owner	⊠ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				ivialiaging Farther
Ramiro Calvo Business or Residence Addr 261 Hamilton Avenue, Suite 4		and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Kenneth S. Thom	if individual)				
Business or Residence Addr 261 Hamilton Avenue, Suite 4		and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:		Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, John Geagan	if individual)				
Business or Residence Addr 261 Hamilton Avenue, Suite 4	•	and Street, City, State, 2 A 94301	Zip Code)		
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Soujanya Bhumkar	if individual)	-			
Business or Residence Addr 261 Hamilton Avenue, Suite 4		and Street, City, State, 2 A 94301	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Ketan Kothari	if individual)				
Business or Residence Addr 261 Hamilton Avenue, Suite 4	•	and Street, City, State, 2 A 94301	Cip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Manish Kothari	if individual)				
Business or Residence Addr 261 Hamilton Avenue, Suite 4	`	and Street, City, State, 2 A 94301	Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Jon Callaghan	if individual)		•		
Business or Residence Addr 261 Hamilton Avenue, Suite 4	•	and Street, City, State, 2 A 94301	Zip Code)		A
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	⊠Director	General and/or Managing Partner

					·
Full Name (Last name first, if	individual)				
James Joaquin					
Business or Residence Address	ss (Number	and Street, City, State, 2	Zip Code)		•
261 Hamilton Avenue, Suite 41	1, Palo Alto, CA	A 94301			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Globespan Capital Partners IV	V, L.P.				
Business or Residence Address	ss (Number	and Street, City, State, 2	Zip Code)		
261 Hamilton Avenue, Suite 41	1, Palo Alto, CA	A 94301	-		
Check Box(es) that Apply:	☐ Promo	ter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Ram Shriram					
Business or Residence Address	ss (Number	and Street, City, State, 2	Zip Code)		
261 Hamilton Avenue, Suite 41	1, Palo Alto, CA	X 94301	,		

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					R INE	ORMAT	ION ABO	HT OFF	FRING				
					D. HAL	ORMAI	IOI ABC	OI OFF	Little				Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?													
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?									N/A				
,									Yes No				
3. Does the offering permit joint ownership of a single unit?										🔲 🔯			
							or will be						
							onnection						
							ealer regis ersons to						
							ealer only						
Full Na	me (Last i	name first	, if individ	lual)	NONE				<u>. </u>			·	
Busines	s or Resid	dence Add	ress (Num	ber and S	treet, City	, State, Zi	p Code)			··-		·	
Name o	f Associa	ted Broker	r or Dealer	 r			···						
States i	n Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit P	urchasers						
													4 11 04-4
	eck Ans	states or o	cneck indi	viduai Sta	ites)					************			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
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[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
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Busines	s or Resid	ience Ada	ress (Num	iber and S	treet, City	, State, Zij	p Code)						
													
Name o	f Associat	ted Broker	or Dealer	-									
States in	n Which P	erson List	ted Has So	olicited or	Intends to	Solicit P	urchasers						
(Ch	eck "All S	States" or o	check indi	vidual Sta	tes)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	THI	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last i	name first,	if individ	ual)									
Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City	, State, Zij	p Code)						
Name o	f Associat	ted Broker	or Dealer	•					·····				
States in	Which P	erson List	ted Has So	licited or	Intends to	Solicit P	ırchasers						
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[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[HN]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	,
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Î.	Enter the aggregate offering price of securities included in this offering and the total amoun already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	t e	OF PROCEEDS	
	Type of Security	0	Aggregate ffering Price	Amount Already Sold
	Debt	\$		\$0
	Equity		1,014,000	\$0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	s		\$
	Other (Specify)	S		\$
	Total		1,014,000	\$0
	Answer also in Appendix, Column 3, if filing under ULOE			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero."	r		
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		11	\$1,014,000
	Non-accredited Investors		0	\$0
	Total (for filings under Rule 504 only)		11	\$1,014,000
	Answer also in Appendix, Column 4, if filing under ULOE			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for al securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.)		
	T		Type of	Dollar Amount
	Type of Offering		Security	Sold
	Rule 505			\$ <u>0</u> \$ 0
	Regulation ARule 504			\$ <u> </u>
				\$ <u>0</u>
,	Total			<u> 5</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Excluded amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	f t		
	Transfer Agent's Fee			□s
	Printing and Engraving Costs			□\$
	Legal Fees		••••••	⊠ \$ <u>50,000</u>
	Accounting Fees			
	Engineering Fees		••••	 \$
	Sales Commissions (specify finders' fees separately)		•••••	□\$ <u>,</u>
	Other Expenses (identify)	,		 \$
	Total			⊠ \$ <u>50,00</u> 0

		ER OF INVESTORS, EXPENSES AND		
(Enter the difference between the aggregate offe Question 1 and total expenses furnished in responsifierence is the "adjusted gross proceeds to the issue	onse to Part C - Question 4.a. This		\$964,00
t f J	ndicate below the amount of the adjusted gross proper used for each of the purposes shown. If the a furnish an estimate and check the box to the left of the isted must equal the adjusted gross proceeds to the Question 4.b above.	mount for any purpose is not known, the estimate. The total of the payments		
				nent to
				cers, tors, & Payments To
			Affi	liates Others
	Salaries and fees			
	Purchase of real estate			
	Purchase, rental or leasing and installation of ma	achinery and equipment	🗆 \$	\$
	Construction of leasing of plant buildings and fa	acilities	🔲 \$	
,	Acquisition of other business (including the value offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities or another	🗆 \$	
	Repayment of indebtedness			
	Working capital			_
	Other (specify):			
			 🗀 \$	☐ \$
	Column Totals			
	Total Payments Listed (column totals added)			⊠ \$ 964,000
	Total 1 ayments Eisted (column totals added)			<u> </u>
		DODED I CICH AVEN		
		FEDERAL SIGNATURE		
ollowin	er has duly caused this notice to be signed by the g signature constitutes an undertaking by the issuer ff, the information furnished by the issuer to any not	to furnish to the U.S. Securities and Excl	hange Commiss	sion, upon written request
ssuer (F	Print or Type)	Signature		Date
√azu, In	c.	Ram		<u>Yovember</u>
Vame of	Signer (Print or Type)	Title of Signer (Print or Type)		
) !	Calvo	President		
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ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)